

PATENT  
455610-2500

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s) : Rudolf FARKAS  
Serial No. : 09/988,418  
For : CONTROL VARIABLES  
Filed : November 16, 2001  
Examiner : Thuan N. Du  
Art Unit : 2116

745 Fifth Avenue  
New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: **Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on December 22, 2004.**

**William S. Frommer, Reg. No. 25,506**

(Name of Applicant, Assignee or Registered Representative)

Signature

**December 22, 2004**

Date of Signature

**AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

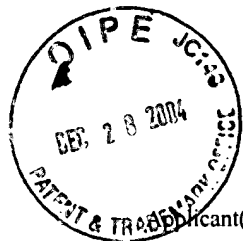
Sir:

In response to the Office Action dated October 5, 2004, please amend the above-identified application as follows:

12/30/2004 RMEBRANT 00000023 09988418

01 FC:1201

400.00 OP



PATENT  
455610-2500

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s) : Rudolf FARKAS  
Serial No. : 09/988,418  
For : CONTROL VARIABLES  
Filed : November 16, 2001  
Examiner : Thuan N. Du  
Art Unit : 2116

745 Fifth Avenue  
New York, NY 10151  
Tel: 212-588-0800

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.  
☒ The fee has been calculated as shown below.  
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

**Claims as Amended**

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	18	Minus	** =20	* 0 x	\$50 (25)	= \$ 0
Independent claims	5	Minus	*** =3	* 2 x	\$200 (100)	= \$ 400.00
Total additional fee for this amendment						\$ 400.00

- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  
\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.  
\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$360(180) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the \_\_\_\_\_ month following the expiration of the term originally set therefor. This is a petition to request a \_\_\_\_\_ month extension of time. A check covering the cost of the petition is enclosed.
- ☒ A check in the amount of **\$200.00** is attached, which covers the cost of ☒ additional claims \_\_\_\_\_ petition for extension of time.
- ☐ Charge \$\_\_\_\_\_ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: **Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on December 22, 2004.**

William S. Frommer, Reg. No. 25,506

Name of Applicant, Assignee or Registered Representative

Signature

December 22, 2004

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP  
Attorneys for Applicants

By:

William S. Frommer  
Reg. No. 25,506  
Tel: 212-588-0800

The PTO did not receive the following listed item(s) check for \$200.00 but we got \$400.00

00240113